Advisory Committee on Chronic Care Management

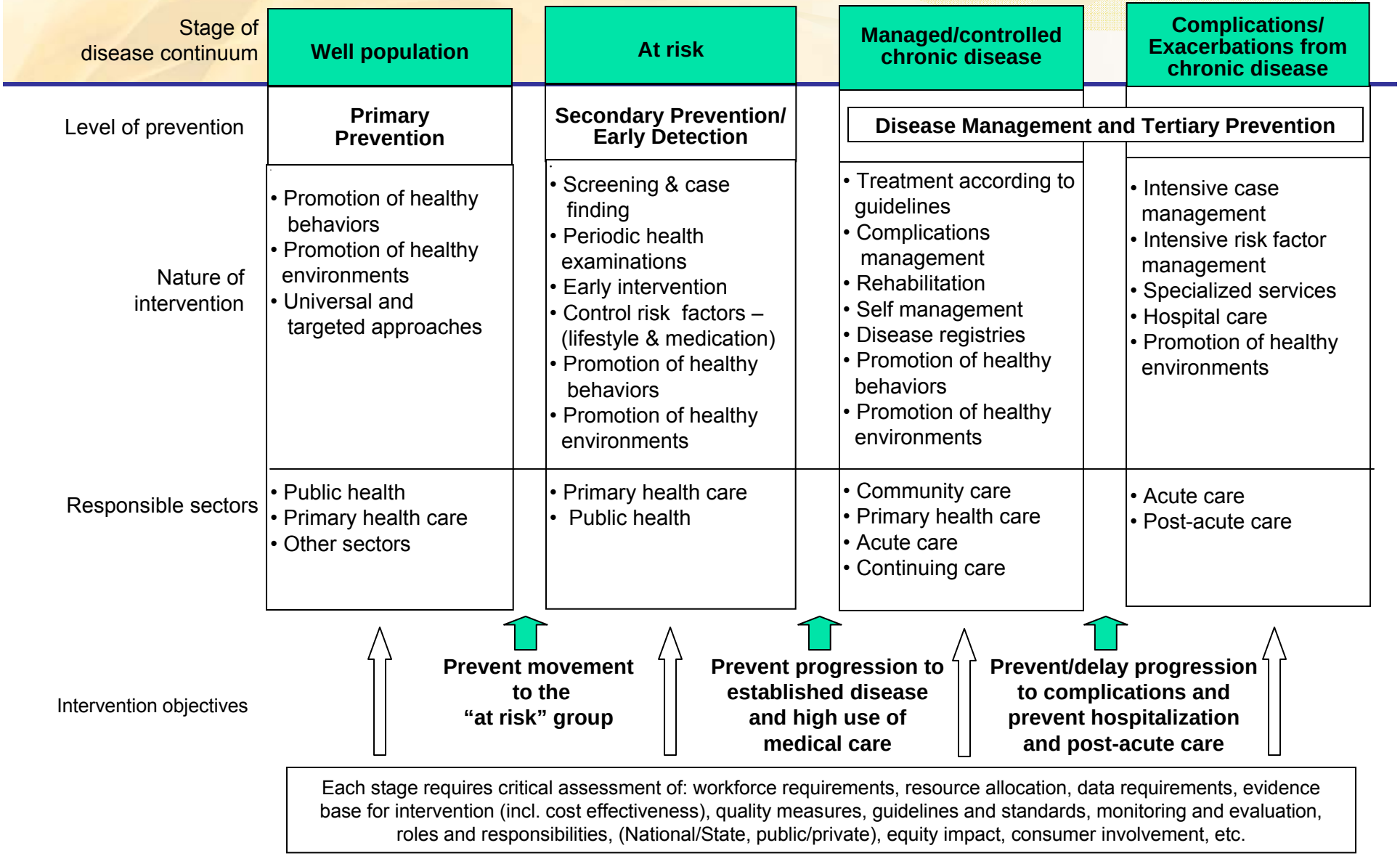
Framework for Discussion

March 27, 2006

Jan Norman

Department of Health

Represents promotion of health and well being and health-related quality of life across continuum of care and across the life course



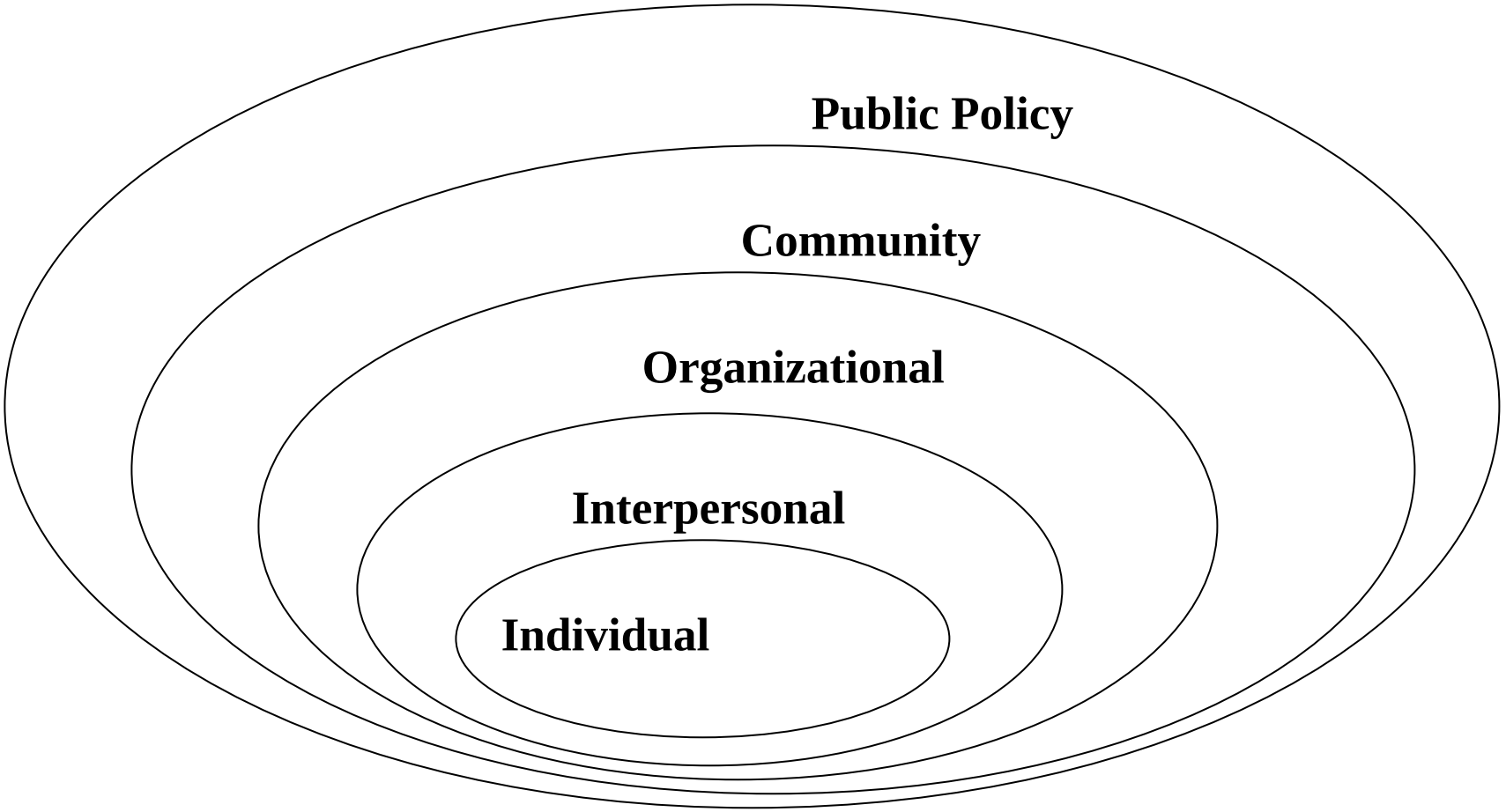
Each stage requires critical assessment of: workforce requirements, resource allocation, data requirements, evidence base for intervention (incl. cost effectiveness), quality measures, guidelines and standards, monitoring and evaluation, roles and responsibilities, (National/State, public/private), equity impact, consumer involvement, etc.

Guiding Principles for Action - Marks

- Primacy of Prevention
- Dependence on Science
- Quest for Equity and Social Justice
- Interdependence of Essential Partners
  - Public health
  - Aging
  - Health care
  - Long term Care
  - Academe
  - Mental Health

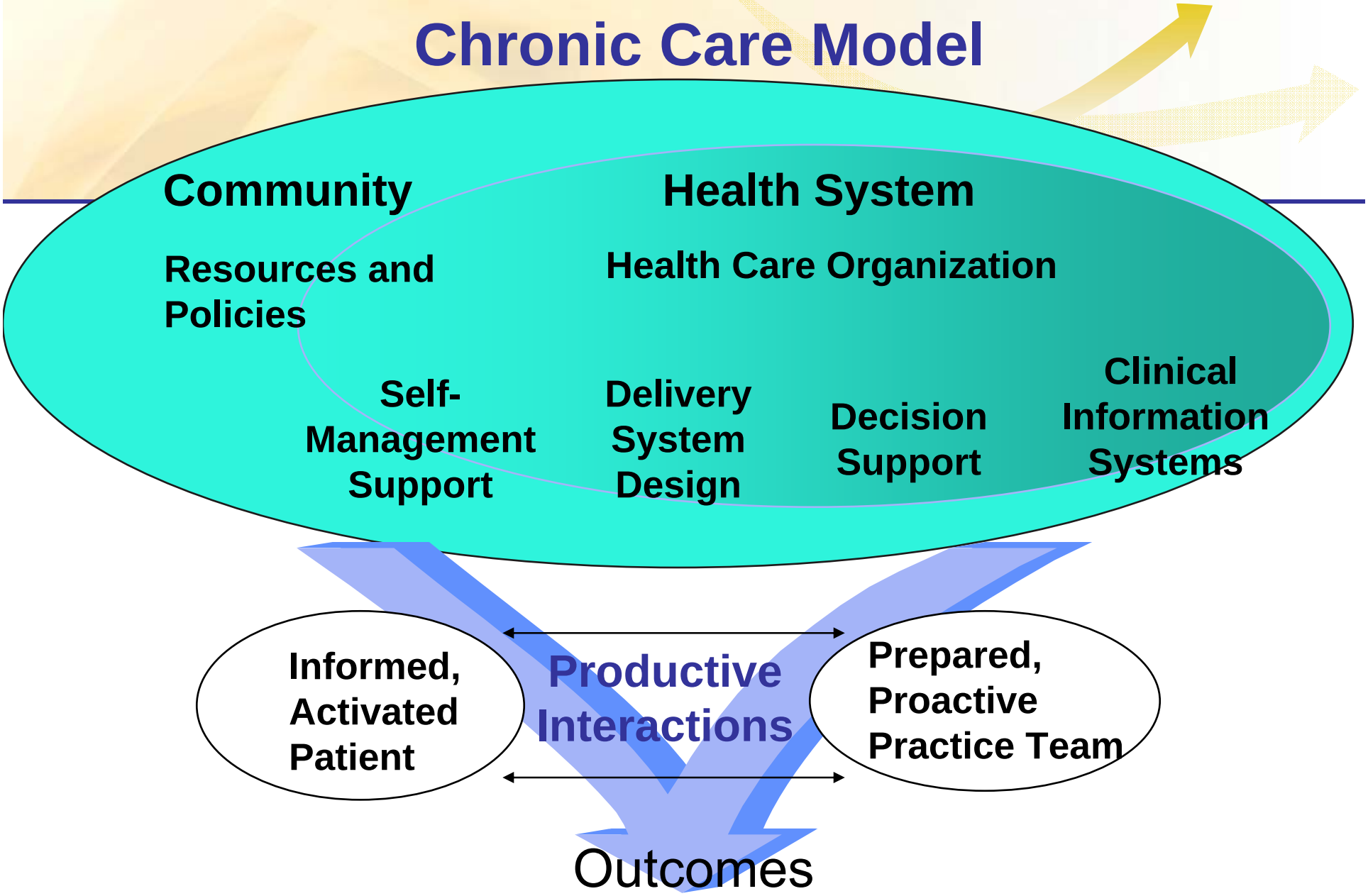
* James Marks, MD, MPH when Director, National Center for Chronic Disease Prevention and Health Promotion, CDC

Social Ecologic Model

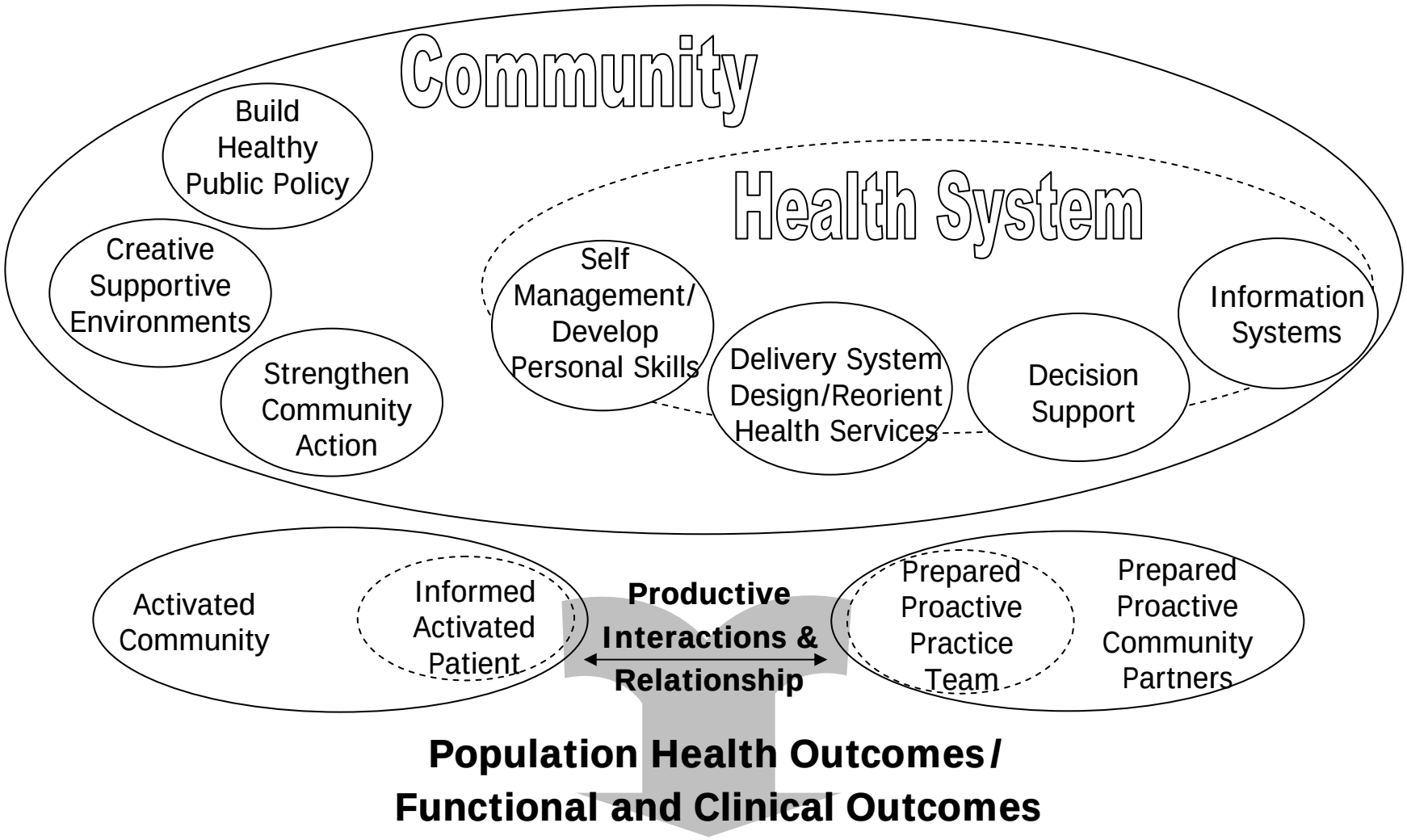


McLeroy et al., 1988, *Health Educ Q*; Sallis et al., 1998, *Am J Prev Med*

Chronic Care Model



THE EXPANDED CHRONIC CARE MODEL:
INTEGRATING POPULATION HEALTH PROMOTION



The Expanded Chronic Care Model, (Barr, Robinson, Marin-Link, Underhill, Dotts, Ravensdale, & Salivaras, 2003).

Doing What Works

- Evidence of problem: *The burden is great.*
- Evidence of effective interventions: *The science is convincing.*
- Core elements of an effective program: *Fidelity is possible with diverse populations and diverse organizations.*